

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10 8142 03**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	<del>1</del>					
2	<del>1</del>					
3		1				
4	<del>1</del>					
5		1				
6		1				
7		1				
8		1				
9		1				
10		2				
11		2				
12	<del>1</del>					
13	<del>1</del>					
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50						
TOTAL IND.	1					
TOTAL DEP.	10					
TOTAL CLAIMS	11					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						